Supervisor/Administrative Professional Checklist

New Septic ☑ New Well ☐ Use Existing ☐ Alteration ☐ Modified Plot Plan ☐

New Septic Fees Paid:

IP ($250.00) 7/8/16 LE Initials/Date

CA ($200.00) LE 9/24/2020 Initials/Date

OP ($200.00) LE 9/24/2020 Initials/Date

(CA and OP fees need to be paid before a building permit can be issued)

New Well Fee Paid: $550.00 _____ Initials/Date

Use Existing Fee Paid: $100.00 _____ Initials/Date

Alteration Fee Paid: $300.00 (Total) $200 (If use existing was paid) _____ Initials/Date

Modified Plot Plan Fee Paid: $100.00 _____ Initials/Date

Comete CA / Approved As Noted. ☒ dlc 9/28/2020 jmichaels

Floor plans need to be submitted and reviewed before CA can be issued. ☒ Reviewed ☑ _____

This site is served by septic and well. Verify each is complete before final hold is released. ☒

Septic file completed. ☒ 5/5/21 Well file completed. ☐ _____

Send permit for signature. ☒ Signature received. ☑ _____

This septic system requires a certified operator contract before final hold is released. ☐

Certified operator contract is on file. ☐ _____

KShaw184@gmail.com
12620 W.

Groundwater & Wastewater Services: Septic Project File & D

Edit Response | Delete Response | Manage Permissions | Workflows | Alert Me

GWS File #:	9529B
WASPS App #:	8377
Primary ES assigned to project:	Jeremy Michelone
Secondary ES assigned to project:	
Project Type:	New System
Site Evaluation Information: .1939(a)(1) - Topography and Landscape Position Recorded?	Yes
Site Evaluation Information: .1940(a-g) - Slope % Recorded?	Yes
Site Evaluation Information: .1939(a)(2) - Texture Class Recorded?	Yes
Site Evaluation Information: .1939(a)(2) - Structure Type Recorded?	Yes
Site Evaluation Information: .1939 (a)(2) - Consistence Recorded?	Yes
Site Evaluation Information: .1939(a)(2) - Mineralogy Recorded?	Yes
Site Evaluation Information: .1939(a)(3) - Soil Wetness Condition Recorded?	Yes
Site Evaluation Information: .1939(a)(4) - Soil Depth to Rock or Parent Material Recorded when Encountered?	Yes
Site Evaluation Information: .1939(a)(5) - Depth to Restrictive Horizons Recorded when Encountered?	Yes
Site Evaluation Information: .1939(a)(6) - Sufficient Available Space Recorded?	Yes
Site Evaluation Information: .1937(m) - Are the Profile Locations Shown?	Yes
Site Evaluation Information: .1939(a) - Are the S/PS Profiles in system & in repair area?	Yes
Site Evaluation Information: .1939(d), .1955, .1956, .1957 - LTAR	Yes
Improvement Permit/Construction Authorization: .1937(g), 130A-336(a) - Proposed System Type stated - Initial	Yes
Improvement Permit/Construction Authorization: .1945(b) - Proposed System Type stated - Repair	Yes
Improvement Permit/Construction Authorization: 130A-336(a)(3) - System location identifiable by setbacks - Initial	Yes
Improvement Permit/Construction Authorization: .1937(g), .1945(b) - System components shown - Initial	Yes
Information Permit/Construction Authorization: .1945(b) - Repair area shown	Yes
Improvement Permit/Construction Authorization: .1937(f)(g) - Does System design match facility, flow & WW characteristics?	Yes
Improvement Permit/Construction Authorization: .1937(f)(g) - Is System design consistent with soil/site conditions?	Yes
Improvement Permit/Construction Authorization: .1937(f)(g) - Is the System located in the approved area?	Yes
Improvement Permit/Construction Authorization: 130A-336(a) - Number of Bedrooms, employees, seats, etc. indicated?	Yes
Improvement Permit/Construction Authorization: .1937 (g) - Trench depth correct?	Yes
Improvement Permit/Construction Authorization: .1937(g) - Trench width correct?	Yes
Improvement Permit/Construction Authorization: .19379(g) - Trench length correct?	Yes
Improvement Permit/Construction Authorization: 130A-336(a)(1) - Proposed/existing well shown?	Yes

Improvement Permit/Construction Authorization: 130A-336(a)(1) - Property line lengths shown?	Yes
Improvement Permit/Construction Authorization: 130A-336(a) - Facility/appurtenance setbacks shown from fixed points?	Yes
Corrections/modifications needed?	No
Comments:	
IA issued date:	4/29/21
OP Issued date:	4/30/21
Review performed by:	Jeremy Michelone
Date performed:	11/7/2019

Created at 11/7/2019 12:14 PM by Michelone, Jeremy
Last modified at 11/7/2019 12:14 PM by Michelone, Jeremy

Close

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date:	09/24/20	**Amount:**	200.00
Receipt #:	124032	**Tendered:**	200.00
Check / Auth #:	VISA 07839D	**Returned:**	0.00
Received By:	ELLISLW		

Account Information

Account #: 200000
Contractor: SHAW, KELLY
Attn:
Address: 12620 WILD LILAC CT
Address:
City/State/Zip: HUNTERSVILLE, NC 28078

Item	Description	Permit#	Quantity	Unit Price	Total Price
0734	Septic Construction Authorizat ~~02322120~~		1	200.00	200.00

02322115

Outstanding Balances

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 09/24/20
Receipt #: 124031
Check / Auth #: VISA 07839D
Received By: ELLISLW

Amount: 200.00
Tendered: 200.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: SHAW, KELLY
Attn:
Address: 12620 WILD LILAC CT
Address:
City/State/Zip: HUNTERSVILLE, NC 28078

Item	Description	Permit#	Quantity	Unit Price	Total Price
0703	Septic Operational Permit 02322120		1	200.00	200.00

02322119

----------Outstanding Balances----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance

FEE: 200.00
DATE: 9/28/2020

CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

MECKLENBURG COUNTY
GROUNDWATER & WASTEWATER SERVICES

FILE NUMBER: 9529B

PERMIT NUMBER: 30008377

PARCEL NUMBER: 02322119

JOB LOCATION INFORMATION

ADDRESS: 11501 ARTHUR AUTEN RD

CITY: **STATE: NC** **ZIP:**

ISSUED TO: ~~SL~~ Kelly Shaw

CONSTRUCTION AUTHORIZATION ISSUANCE DATE: 9/28/2020

CONSTRUCTION AUTHORIZATION CONDITIONS

1. WASTEWATER SYSTEM CONSTRUCTION AND INSTALLATION MUST MEET ALL CONDITIONS AND SPECIFICATIONS AS SET FORTH IN IMPROVEMENT PERMIT NUMBER 30008377, AND THE ATTACHED SITE PLAN WITH SYSTEM DETAILS. CONSTRUCTION AND INSTALLATION MUST ALSO MEET ALL REQUIREMENTS SET FORTH IN THE RULES GOVERNING SANITARY SEWAGE COLLECTION, TREATMENT, AND DISPOSAL AND ANY OTHER APPLICABLE RULES AND LAWS.

2. A PRE-CONSTRUCTION MEETING MUST BE SECURED PRIOR TO INSTALLATION OF THE SEPTIC TANK SYSTEM. THE INSTALLER OF THE SYSTEM SHALL BE A LICENSED SEPTIC TANK CONTRACTOR WITH THE NORTH CAROLINA ONSITE WASTEWATER CONTRACTOR INSPECTOR CERTIFICATION BOARD.

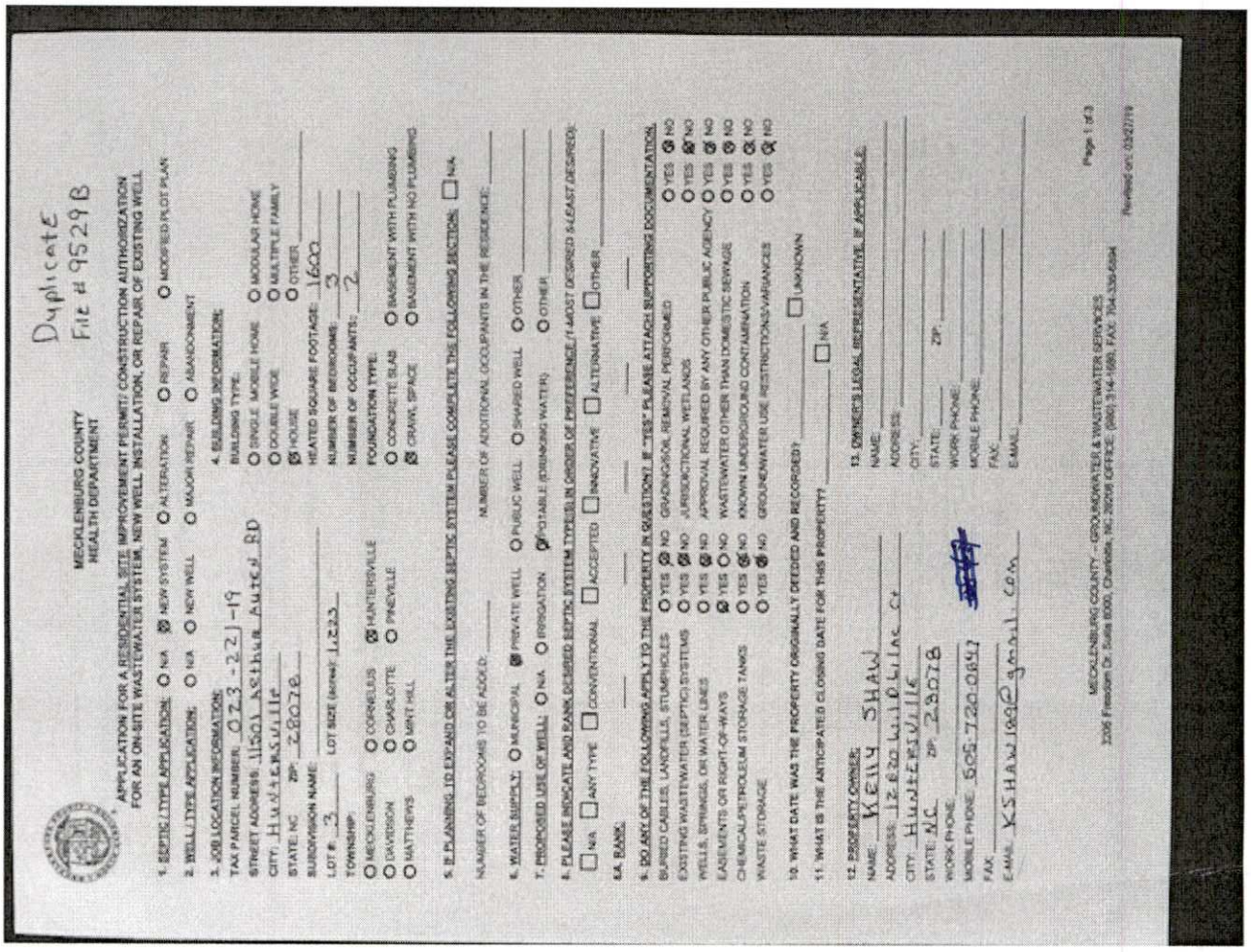
3. ANY ALTERATION IN SITE OR SOIL CONDITIONS (INCLUDING LOCATION OF STRUCTURES AND APPURTENANCES) OR MODIFICATION IN USE, DESIGN WASTEWATER FLOW, OR WASTEWATER CHARACTERISTICS AS SPECIFIED IN THE ASSOCIATED IMPROVEMENT PERMIT AND APPLICATION, MAY SUBJECT THIS CONSTRUCTION AUTHORIZATION AND ASSOCIATED PERMIT(S) TO REVOCATION.

4. THIS CONSTRUCTION AUTHORIZATION AS PROVIDED IN G.S. 130A-335(f) AND G.S. 130A-336(b) SHALL BE VALID FOR A PERIOD EQUAL TO THE VALIDITY OF THE IMPROVEMENT PERMIT, AND MAY BE ISSUED AT THE SAME TIME THE IMPROVEMENT PERMIT IS ISSUED.

Authorized Agent Signature _____

Michelone, Jeremy

From: kshaw189@gmail.com
Sent: Thursday, September 24, 2020 6:21 PM
To: Michelone, Jeremy
Subject: [External]Updated permit app.



Duplicate
File # 95298

MECKLENBURG COUNTY
HEALTH DEPARTMENT

APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION
FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

1. SEPTIC / TYPE APPLICATION: O N/A ☒ NEW SYSTEM O ALTERATION O REPAIR O MODIFIED PLOT PLAN
2. WELL / TYPE APPLICATION: O N/A O NEW WELL O MAJOR REPAIR O ABANDONMENT
3. JOB LOCATION INFORMATION:
TAX PARCEL NUMBER: 023-221-19
STREET ADDRESS: 11501 Asthur Autrey RD
CITY: Huntersville
STATE: NC ZIP: 28078
SUBDIVISION NAME:
LOT #: 3 LOT SIZE (Acres): 1.223
TOWNSHIP:
O MECKLENBURG O CORNELIUS ☒ HUNTERSVILLE
O DAVIDSON O CHARLOTTE O PINEVILLE
O MATTHEWS O MINT HILL
4. BUILDING INFORMATION:
BUILDING TYPE:
O SINGLE, MOBILE HOME O MODULAR HOME
O DOUBLE WIDE O MULTIPLE FAMILY
☒ HOUSE O OTHER
HEATED SQUARE FOOTAGE: 1600
NUMBER OF BEDROOMS: 3
NUMBER OF OCCUPANTS: 2
FOUNDATION TYPE:
O CONCRETE SLAB O BASEMENT WITH PLUMBING
☒ CRAWL SPACE O BASEMENT WITH NO PLUMBING
5. IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION: ☐ N/A
NUMBER OF BEDROOMS TO BE ADDED: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____
6. WATER SUPPLY: O MUNICIPAL ☒ PRIVATE WELL O PUBLIC WELL O SHARED WELL O OTHER _____
7. PROPOSED USE OF WELL: O N/A O IRRIGATION ☒ POTABLE (DRINKING WATER) O OTHER _____
8. PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE (1 MOST DESIRED 5 LEAST DESIRED):
☐ N/A ☐ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____
8A. RANK: ____ ____ ____ ____
9. DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.
BURIED CABLES, LANDFILLS, STUMPHOLES O YES ☒ NO GRADING/SOIL REMOVAL PERFORMED O YES ☒ NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS O YES ☒ NO JURISDICTIONAL WETLANDS O YES ☒ NO
WELLS, SPRINGS, OR WATER LINES O YES ☒ NO APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY O YES ☒ NO
EASEMENTS OR RIGHT-OF-WAYS ☒ YES O NO WASTEWATER OTHER THAN DOMESTIC SEWAGE O YES ☒ NO
CHEMICAL/PETROLEUM STORAGE TANKS O YES ☒ NO KNOWN UNDERGROUND CONTAMINATION O YES ☒ NO
WASTE STORAGE O YES ☒ NO GROUNDWATER USE RESTRICTIONS/VARIANCES O YES ☒ NO
10. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? _____ ☐ UNKNOWN
11. WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? _____ ☐ N/A
12. PROPERTY OWNER:
NAME: Kelly Shaw
ADDRESS: 12820 Willow Cr
CITY: Huntersville
STATE: NC ZIP: 28078
WORK PHONE:
MOBILE PHONE: 505-720-0847
FAX:
E-MAIL: KSHAW1989@gmail.com
13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:
NAME:
ADDRESS:
CITY: ZIP:
STATE:
WORK PHONE:
MOBILE PHONE:
FAX:
E-MAIL:

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
2296 Freedom Dr. Suite 8000, Charlotte, NC 28208 OFFICE: (980) 314-1660, FAX: 704-336-5804

Page 1 of 3
Revised on: 03/27/19

14. SEPTIC SYSTEM PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

_____ (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of twelve (12) months from the date of issuance.

_____ (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below. A PROPOSED PLOT PLAN is required to be submitted with each application.

_____ 09-24-2020

Property Owner's or Owner's Legal Representative Signature — Date

---

OFFICE USE ONLY

○ SURVEY PLAT TO SCALE SUBMITTED ○ SCALED SITE PLAN SUBMITTED ○ UN-SCALED SITE PLAN SUBMITTED

SEPTIC APPLICATION FEE RECEIVED: $_____ DATE FEE RECEIVED: _____

WELL APPLICATION FEE RECEIVED: $_____ DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

_____

_____

_____

_____

_____

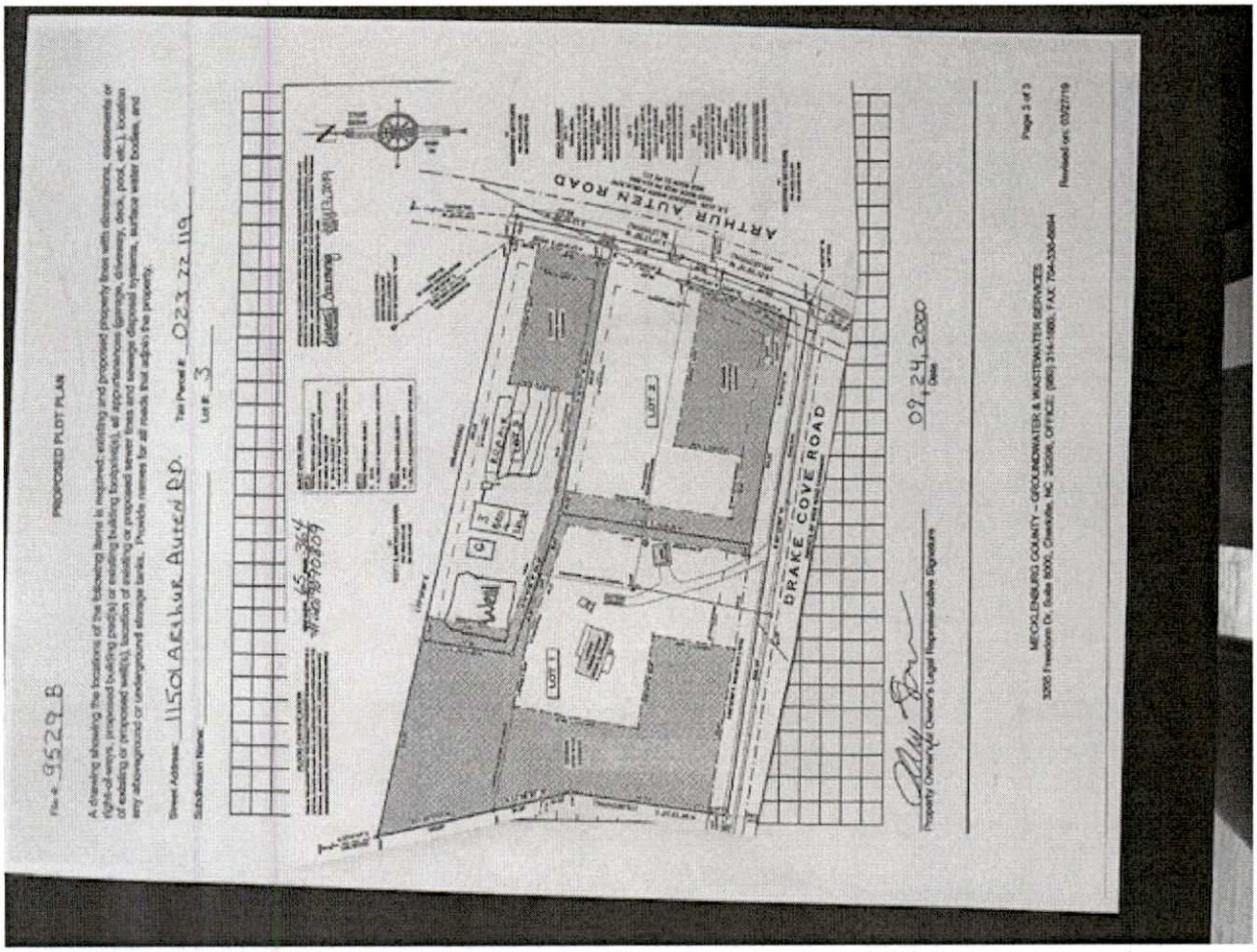
_____

_____

_____

_____

_____



CAUTION: This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Thanks
Kelly Shaw

9529B
#8377

1 JUL '16 PM 1:57

MECKLENBURG COUNTY
HEALTH DEPARTMENT

APPLICATION FOR A RESIDENTIAL SITE IMPROVEMENT PERMIT/ CONSTRUCTION AUTHORIZATION FOR AN ON-SITE WASTEWATER SYSTEM, NEW WELL INSTALLATION, OR REPAIR OF EXISTING WELL

1. SEPTIC / TYPE APPLICATION: ○ N/A ⊗ NEW SYSTEM ○ ALTERATION ○ REPAIR ○ MODIFIED PLOT PLAN

2. WELL / TYPE APPLICATION: ○ N/A ⊗ NEW WELL ○ MAJOR REPAIR ○ ABANDONMENT

3. JOB LOCATION INFORMATION:

TAX PARCEL NUMBER: 023-221-19
STREET ADDRESS: Lot 3 Arthur Auten Rd.
CITY: Huntersville
STATE: NC ZIP: 28078
SUBDIVISION NAME: N/A
LOT #: #3 LOT SIZE (acres): 1.617acre
TOWNSHIP:
⊗ MECKLENBURG ○ CORNELIUS ⊗ HUNTERSVILLE
○ DAVIDSON ○ CHARLOTTE ○ PINEVILLE
○ MATTHEWS ○ MINT HILL

4. BUILDING INFORMATION:

BUILDING TYPE:
○ SINGLE MOBILE HOME ○ MODULAR HOME
○ DOUBLE WIDE ○ MULTIPLE FAMILY
⊗ HOUSE ○ OTHER _____
HEATED SQUARE FOOTAGE: 2200
NUMBER OF BEDROOMS: 3 bd 2.5 bath
NUMBER OF OCCUPANTS: 4
FOUNDATION TYPE:
○ CONCRETE SLAB ○ BASEMENT WITH PLUMBING
⊗ CRAWL SPACE ○ BASEMENT WITH NO PLUMBING

5. IF PLANNING TO EXPAND OR ALTER THE EXISTING SEPTIC SYSTEM PLEASE COMPLETE THE FOLLOWING SECTION: ☐ N/A

NUMBER OF BEDROOMS TO BE ADDED: _____ NUMBER OF ADDITIONAL OCCUPANTS IN THE RESIDENCE: _____

6. WATER SUPPLY: ○ MUNICIPAL ⊗ PRIVATE WELL ○ PUBLIC WELL ○ SHARED WELL ○ OTHER _____

7. PROPOSED USE OF WELL: ○ N/A ○ IRRIGATION ○ POTABLE (DRINKING WATER) ○ OTHER _____

8. PLEASE INDICATE AND RANK DESIRED SEPTIC SYSTEM TYPE(S) IN ORDER OF PREFERENCE *(1-MOST DESIRED 5-LEAST DESIRED)*:

☒ N/A ☐ ANY TYPE ☐ CONVENTIONAL ☐ ACCEPTED ☐ INNOVATIVE ☐ ALTERNATIVE ☐ OTHER _____

8A. RANK: ____ ____ ____ ____ ____

9. DO ANY OF THE FOLLOWING APPLY TO THE PROPERTY IN QUESTION? IF "YES" PLEASE ATTACH SUPPORTING DOCUMENTATION.

BURIED CABLES, LANDFILLS, STUMPHOLES	○ YES ⊗ NO	GRADING/SOIL REMOVAL PERFORMED	○ YES ⊗ NO
EXISTING WASTEWATER (SEPTIC) SYSTEMS	○ YES ⊗ NO	JURISDICTIONAL WETLANDS	○ YES ⊗ NO
WELLS, SPRINGS, OR WATER LINES	○ YES ⊗ NO	APPROVAL REQUIRED BY ANY OTHER PUBLIC AGENCY	○ YES ⊗ NO
EASEMENTS OR RIGHT-OF-WAYS	○ YES ⊗ NO	WASTEWATER OTHER THAN DOMESTIC SEWAGE	○ YES ⊗ NO
CHEMICAL/PETROLEUM STORAGE TANKS	○ YES ⊗ NO	KNOWN UNDERGROUND CONTAMINATION	○ YES ⊗ NO
WASTE STORAGE	○ YES ⊗ NO	GROUNDWATER USE RESTRICTIONS/VARIANCES	○ YES ⊗ NO

10. WHAT DATE WAS THE PROPERTY ORIGINALLY DEEDED AND RECORDED? 11/19/2014 ☐ UNKNOWN

11. WHAT IS THE ANTICIPATED CLOSING DATE FOR THIS PROPERTY? 8/27/2016 ☐ N/A

12. PROPERTY OWNER:

NAME: SL
ADDRESS: 18825 N. Catawba Ave #150
CITY: Cornelius
STATE: NC ZIP: 28078
WORK PHONE: (704) 895-5885
MOBILE PHONE: (704) 361-6736
FAX: _____
E-MAIL: ssurane@suranelawpllc.com

13. OWNER'S LEGAL REPRESENTATIVE, IF APPLICABLE:

NAME: _____
ADDRESS: _____
CITY: _____
STATE: _____ ZIP: _____
WORK PHONE: _____
MOBILE PHONE: _____
FAX: _____
E-MAIL: _____

* call Becky for payment
(704) 608-4277

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 12/15/10

14. SEPTIC SYSTEM PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Improvement Permit and Authorization to Construct shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for either sixty (60) months or is non-expiring depending upon the documentation submitted: complete site plan = 60 months, complete plat = non-expiring.

SD (Initial here for septic system applications)

15. WELL PERMIT APPLICATION:

If the information in this application is falsified, changed, or the site is altered, then the Well Permit shall become invalid. I have read this application and certify that the information provided herein is true, complete and correct. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliance with applicable laws and rules. I understand that I am solely responsible for the proper identification and labeling of all property lines and corners and making the site accessible so that a complete site evaluation can be performed. The permit is valid for a period of twelve (12) months from the date of issuance.

SD (Initial here for well applications)

16. APPLICATION SIGNATURE SECTION:

ONLY COMPLETE APPLICATIONS WILL BE PROCESSED. A proper signature is required in order to process your application. Please review the application carefully and sign in the space provided below. A PROPOSED PLOT PLAN is required to be submitted with each application.

Susan Surane, General Partner
Property Owner's or Owner's Legal Representative Signature

6/28/2016
Date

OFFICE USE ONLY

○ SURVEY PLAT TO SCALE SUBMITTED ○ SCALED SITE PLAN SUBMITTED ○ UN-SCALED SITE PLAN SUBMITTED

SEPTIC APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

WELL APPLICATION FEE RECEIVED: $ _____ DATE FEE RECEIVED: _____

APPLICATION PROCESSED BY: _____

GWS FILE NUMBER ASSIGNED: _____

APPLICATION ID NUMBER ASSIGNED: _____

COMMENTS:

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

File #: _____

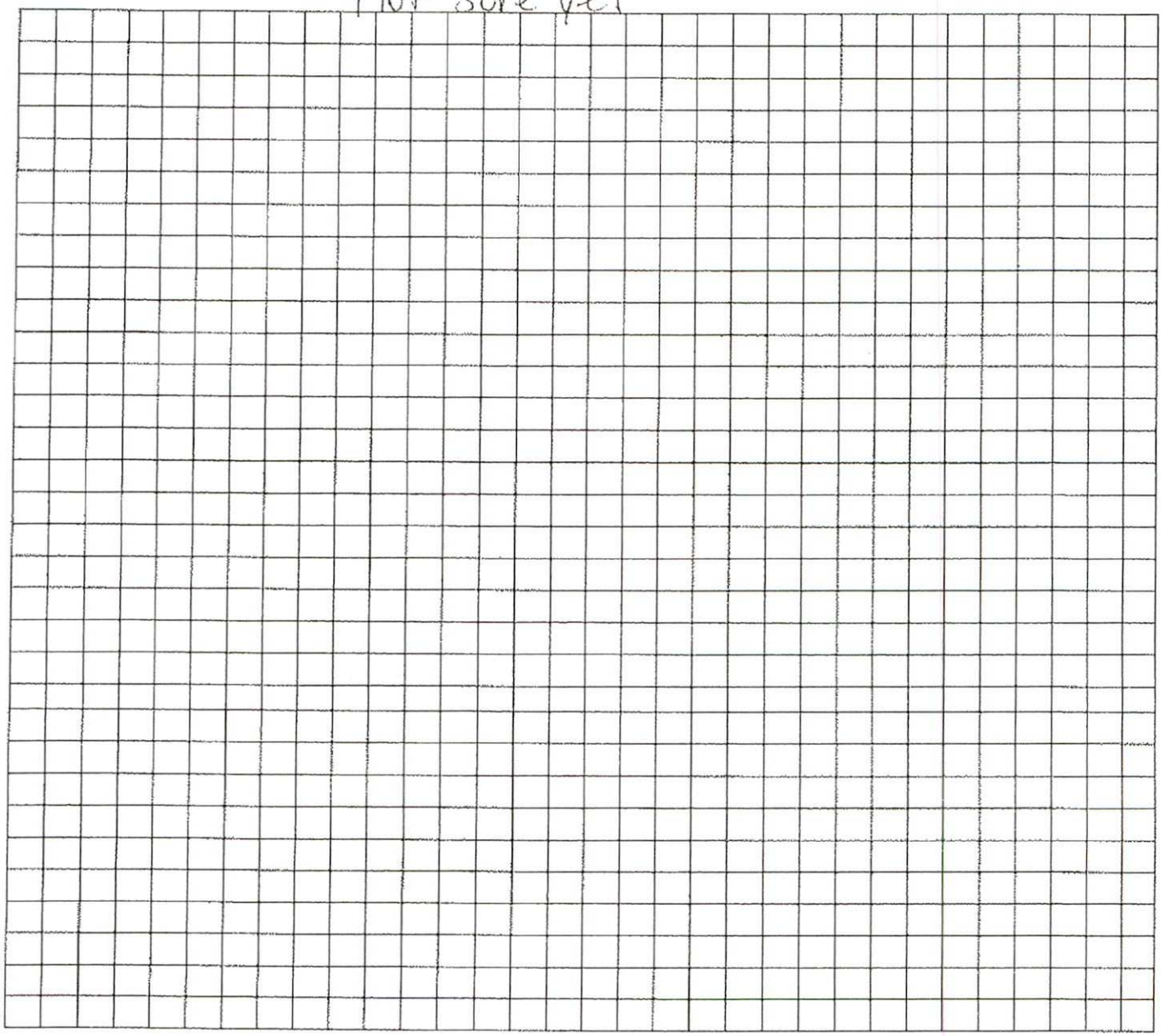
PROPOSED PLOT PLAN

A drawing showing the locations of the following items is required: existing and proposed property lines with dimensions, easements or right-of-ways, proposed building pad(s) or existing building footprint(s), all appurtenances (garage, driveway, deck, pool, etc.), location of existing or proposed well(s), location of existing or proposed sewer lines and sewage disposal systems, surface water bodies, and any aboveground or underground storage tanks. Provide names for all roads that adjoin the property.

Street Address: Arthur Auten Tax Parcel #: 023-221-19

Subdivision Name: _____ Lot #: 3

not sure yet



Property Owner's or Owner's Legal Representative Signature _____ Date

MECKLENBURG COUNTY – GROUNDWATER & WASTEWATER SERVICES
700 N. TRYON ST. SUITE 211 CHARLOTTE, NC 28202, OFFICE: 704-336-5103, FAX: 704-336-6894

Revised on: 12/15/10

MECKLENBURG COUNTY
Health Department

E. Winters Mabry, MD
Director

(704) 432-3199

Addendum to Application for
New Well or Septic System Installation
Abandonment or Repair of Existing Well or Septic System

Your signature below confirms the following:

1. The information on the application is true, complete and accurate.
2. Authorized county and state officials are granted right of entry to conduct necessary inspections to determine compliances with applicable laws and rules.
3. I acknowledge that Rebecca Yoh is acting as my legal representative (agent) in the submittal of the application for a water supply well or septic permit located at

023221-19
Number Street Town
(Or Parcel Number)

SL
Property Owner (print name)

Susan Surine, General Partner
Property Owner (signature)

6/28/2014
Date

Ellis, Loretta

From: Rebecca Yoh <rebeccayoh@yahoo.com>
Sent: Tuesday, July 05, 2016 7:13 PM
To: Ellis, Loretta
Subject: Re: ADDENDUM

Would it be OK to change this to lot #2 instead of lot number three it is exactly adjacent to this and it is .88 acres? My lender got back to me and my budget is a little smaller than what I had originally thought.

Sent from my iPhone

On Jul 1, 2016, at 4:23 PM, Ellis, Loretta <Loretta.Ellis@mecklenburgcountync.gov> wrote:

> Please have the Addendum signed by the homeowner giving you consent to speak on their behalf.
> Thank you
>
> Loretta W. Ellis
> Administrative Assistant III
> Environmental Health Services
> Mecklenburg County Health Department
> 704-336-7291
> Email Loretta.Ellis@MecklenburgCountyNC.gov
> http://Groundwater.charmeck.org
> http://Meckpools.charmeck.org
>
> **CONFIDENTIALITY NOTICE:** This message and any attachments included are from the Mecklenburg County Health Department and are for sole use by the intended recipient(s). The information contained herein may include confidential or privileged information. Unauthorized review, forwarding, printing, copying, distributing, or using such information is strictly prohibited and may be unlawful. If you received this message in error, or have reason to believe you are not authorized to receive it, please contact the sender by reply email and destroy all copies of the original message. Thank you!

<Black and White1442.pdf>

MECKLENBURG COUNTY
LAND USE AND ENVIRONMENTAL SERVICES
Payment Receipt

Receipt Information

Date: 07/08/16
Receipt #: 101024
Check / Auth #: VISA 979146
Received By: ELLISLW

Amount: 250.00
Tendered: 250.00
Returned: 0.00

Account Information

Account #: 200000
Contractor: YOH,REBECCA
Attn:
Address: 6414 CASHION ROAD
Address:
City/State/Zip: CHARLOTTE, NC 28078

Item	Description	Permit#	Quantity	Unit Price	Total Price
0701	Improvment Permit App-Residen ARTHUR AUTEN #2		1	250.00	250.00

----------Outstanding Balances----------

Month-To-Date	Prior Month	30 Days	60 Days	90 Days	Balance

Payment Receipt

Mecklenburg County POS

Environmental Health
700 N. Tryon Street
Charlotte, NC 28202
Phone: 704-336-5100

Enter Account # or Customer Name Here: REBECCA YOH

Bill To:

REBECCA YOH
6414 CASHION ROAD

Huntersville, NC 28078

Single Payment

Transaction Date: 07/08/2016 8:10 AM Pacific Time
Pay Method: VISA **********4337
Approval #: 979146
Trace Number: 64044990-b22b-44b7-8740-09501cd7968c
Amount: $250.00

Payment Amount: $250.00

Total: $250.00

Thank you for your payment.

Department of Environment, Health, and Natural Resources
Division of Environmental Health
On-site Wastewater Section

Sheet: 1 of 3
Property ID: 023-221-19
Lot #: 3
File #: 9529B
AppID: 8377

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM

Owner: SL
Address: 18825 W. Catawba Ave., Cornelius, NC 28078
Proposed Facility: 3BR House
Design Flow (.1949): 360 GPD
Location of Site: Arthur Auten Rd, Huntersville, NC 28078
Water Supply: [ ] Public [X] Individual [X] Well [ ] Spring [ ] Municipal
Evaluation Method: [ ] Auger Boring [X] Pit [ ] Cut
Type of Wastewater: [X] Sewage [ ] Industrial Process [ ] Mixed

Applicant: owner
Date Evaluated: 7/29/2016
Property Size: 1.617 ac
Property Recorded: 11/19/2014

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	General Comments	Profile Class & LTAR	Maximum Trench Bottom Depth for 3' Wide Conventional Trench
Pit #1	LS 11%	0 - 5	gr CL	SS SP FR SEXP	>46"	34	US	NA	gravelly	PS IV 0.2	18"
		5 - 20	sbk CL	S SP FR SEXP							
		20 - 34	sbk C	S P FR SEXP							
		34 - 46	mass SCL Sap	S SP FI SEXP							
Pit #2	LS 9%	0 - 6	gr CL	SS SP FR SEXP	>60"	43	US	NA	gravelly	PS IV 0.2	28"
		6 - 18	sbk CL	S SP FR SEXP							
		18 - 43	sbk C	S P FR SEXP							
		43 - 60	mass SCL Sap	S SP FI SEXP							
Pit #3	LS 10%	0 - 6	gr CL	SS SP FR SEXP	>44"	44	NA	NA	gravelly	PS IV 0.2	18"
		6 - 15	sbk CL	S SP FR SEXP							
		15 - 34	sbk C	S P FR SEXP							
		34 - 44	mass C	S P VFI EXP							
Pit #4	LS 10%	0 - 4	gr CL	SS SP FR SEXP	>54"	28	PS	NA	gravelly	PS IV 0.2	36"
		4 - 10	sbk CL	S SP FR SEXP							
		10 - 19	sbk C	S P FR SEXP							
		19 - 28	sbk SCL	S SP FR SEXP							
		28 - 54	mass SL Sap	SS SP FR SEXP							
Pit #5	LS 11%	0 - 4	gr CL	SS SP FR SEXP	>48"	34	US	NA	gravelly	PS IV 0.2	18"
		4 - 16	sbk CL	S SP FR SEXP							
		16 - 34	sbk C	S P FR SEXP							
		34 - 48	Rock and Saprolite								

Description	Initial System	Repair System
Available Space (.1945)	PS	PS
System Type(s)	IIIg	IIIb
Site LTAR (gpd/sq ft)	0.2	0.2

Other Factors (.1946):
Soil Evaluation By: Jacob Presley, LSS, REHS
Others Present:
Site Classification (.1948):
Site Evaluation By: Jeremy Nicholson, REHS
Others Present:

Jeremy Nicholson, REHS

SOIL/SITE EVALUATION
for ON-SITE WASTEWATER SYSTEM
CONTINUED

PROFILE #	.1940 Landscape Position/ Slope%	Horizon Depth (IN.)	SOIL MORPHOLOGY .1941 .1941 Structure/ Texture	.1941 Consistence Mineralogy	b PROFILE FACTORS .1942 Soil Wetness/ Color	.1943 Soil Depth (IN.)	.1956 Sapro Class	.1944 Restr Horiz	General Comments	Profile Class & LTAR	Maximum Trench Bottom Depth for 3' Wide Conventional Trench
Pit #6	LS 11%	0 - 4	gr CL	SS SP FR SEXP	>45"	29	US	NA	gravelly	**PS IV 0.2**	**13" Need Cover**
		4 - 18	sbk CL	S SP FR SEXP							
		18 - 29	sbk C	S P FR SEXP							
		29 - 45	mass C	S VP VFI EXP							
Pit #7	LS 11%	0 - 4	gr CL	SS SP FR SEXP	>60"	29	PS	NA	gravelly	**PS IV 0.2**	**36"**
		4 - 18	sbk CL	SS SP FR SEXP							
		18 - 29	sbk C	S P FR SEXP							
		29 - 60	mass SL Sap	SS SP FR SEXP							
Pit #8	LS 10%	0 - 3	gr CL	SS SP FR SEXP	>30"	30	NA	NA	gravelly	**US (PS for Drip)**	**Drip 0.1**
		3 - 12	sbk CL	S SP FR SEXP							
		12 - 22	sbk C	S P FR SEXP							
		22 - 30	mass C	S VP VFI EXP							

File #: 9529B
AppID: 8377

COMMENTS: Lots of loose rock on surface.

Landscape Position	Group	Texture	.1955 LTAR	Structure
R-Ridge	I	S-Sand	1.2 - 0.8	sg-Single Grain
SS-Shoulder Slope		LS-Loamy Sand		mass-Massive
LS-Linear Slope				cr-Crumb
FS-Foot Slope	II	SL-Sandy Loam	0.8 - 0.6	gr-Granular
NS-Nose Slope		L-Loam		sbk-Subangular Blocky
HS-Head Slope				abk-Angular Blocky
CC-Concave Slope	III	Si-Silt	0.6 - 0.3	pl-Platy
CV-Convex Slope		SiCL-Silty Clay Loam		pr-Prismatic
T-Terrace				Sap-Saprolite
FP-Flood Plain		CL-Clay Loam		**Structure Prefixes**
D-Drainage Way		SCL-Sandy Clay Loam		w-weak
				m-moderate
		SiL-Silt Loam		s-strong
				f-fine
	IV	SC-Sandy Clay	0.4 - 0.1	m-medium
		SiC-Silty Clay		c-coarse
		C-Clay		

Consistence Moist	Consistence Wet	Mineralogy
VFR-Very Friable	SS-Slightly Sticky	SEXP-Slightly Expansive
FR-Friable	S-Sticky	EXP-Expansive
FI-Firm	VS-Very Sticky	
VFI-Very Firm	NP-Non-Plastic	**Classification**
EFI-Extremely Firm	SP-Slightly Plastic	US-Unsuitable
	P-Plastic	PS-Provisionally Suitable
	VP-Very Plastic	S-Suitable
		NA-Not Applicable

Sketch of Soil Evaluation Locations



Mecklenburg County Groundwater & Wastewater Services
3205 Freedom Dr, Suite 8000 Charlotte, NC 28208
Phone: (980) 314-1680 Fax: (704) 336-6894

NC DHHS
Division of Environmental Health
On-Site Wastewater Section

IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: 30008377 GWS File #: 9529B Tax Parcel #: 023-221-19

- This IMPROVEMENT PERMIT is subject to revocation if site plans or the intended use change. There is to be NO grading, filling, or disturbance of the soil in the area of the septic tank system or repair area.
- CONSTRUCTION AUTHORIZATION must be obtained prior to receiving a Building Permit. Do not clear, grade, fill or disturb soil prior to obtaining a Construction Authorization.
- Domestic-type wastewater only. No industrial process wastewater may be discharged into the system.

I. This Improvement Permit Shall: Expire in Five (5) Years **Expiration Date (If Applicable):** 11/7/2024

Type of Installation: Residential - New System Lot Number: 3

Structure Type: HOUSE Size (ft^2): 2200 # Bedrooms: 3 Max. Occup.: 6

Building Foundation: Crawl Space Water Supply: Private Well

II. Initial System Type: Accepted **System Classification:** IIIg

Initial System Specifications:

Design Flow (gpd):	360	LTAR (gpd/ft^2):	0.2	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	1000
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1350	Total Trench Length (ft):	450
Maximum Trench Depth (in):	18	Depth of Media (in):	12	Distribution Device:	Drop Boxes		

III. Repair System Type: Pump to Accepted **System Classification:** IIIb

Repair System Specifications:

Design Flow (gpd):	360	LTAR (gpd/ft^2):	0.2	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	1000
Trench Width (ft):	3	Trench Spacing (ft):	9	Absorption Area (ft^2):	1350	Total Trench Length (ft):	450
Maximum Trench Depth (in):	18	Depth of Media (in):	12	Distribution Device:	Pressure Manifold		

IV. Permit Conditions/Comments:

(Please See the Following Page for Permit Conditions.)

The undersigned, an authorized agent of the STATE OF NORTH CAROLINA, certifies that the Department is issuing an IMPROVEMENT PERMIT for the above referenced property. This permit is being issued in accordance with the *Laws and Rules For Sewage Treatment, and Disposal Systems* and is subject to the following provisions:

- No work shall be conducted on the septic system until a Pre-Construction meeting has been completed by the Department.
- The septic system installer shall be a licensed septic contractor with the North Carolina Wastewater Contractor Inspector Certification Board.
- The permitted system shall be installed in accordance with the included PLOT PLAN.
- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Jeremy Michelone

Signature: Jeremy Michelone

Date Issued: 11/7/2019

Owner/Legal Agent: Susan Surane
Print Name

Signature: Susan Surane

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3205 Freedom Dr, Suite 8000 Charlotte, NC 28208
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NC DHHS
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IMPROVEMENT PERMIT for a RESIDENTIAL ON-SITE WASTEWATER TREATMENT & DISPOSAL SYSTEM

Permit #: **30008377** GWS File #: **9529B**

IV. Permit Conditions/Comments:

- This type of repair system requires the installation of a pump tank and all associated components. This type of system will require routine inspections by our office. The system owner is responsible for all fees associated with these inspections.
- This type of repair system requires periodic inspections by our office. The system owner is responsible for any fees, as determined by the Mecklenburg County Board of Commissioners, associated with this inspection.
- All components of the septic system must be installed in accordance with the required setbacks listed on the corresponding plot plan.
- All components of the septic system must be located at least 100 ft. from all private wells (saprolite system).
- The invert of the sewer pipe exiting the structrue should be kept as high as possible in order to achieve gravity flow to the drain field. A dosing tank will be required if gravity flow to the drain field can not be achieved.
- Flow from all gutters and downspouts shall be directed not to discharge water onto or across any part of the septic system.
- Foundation drains shall be constructed not to discharge water onto or across any part of the septic system.

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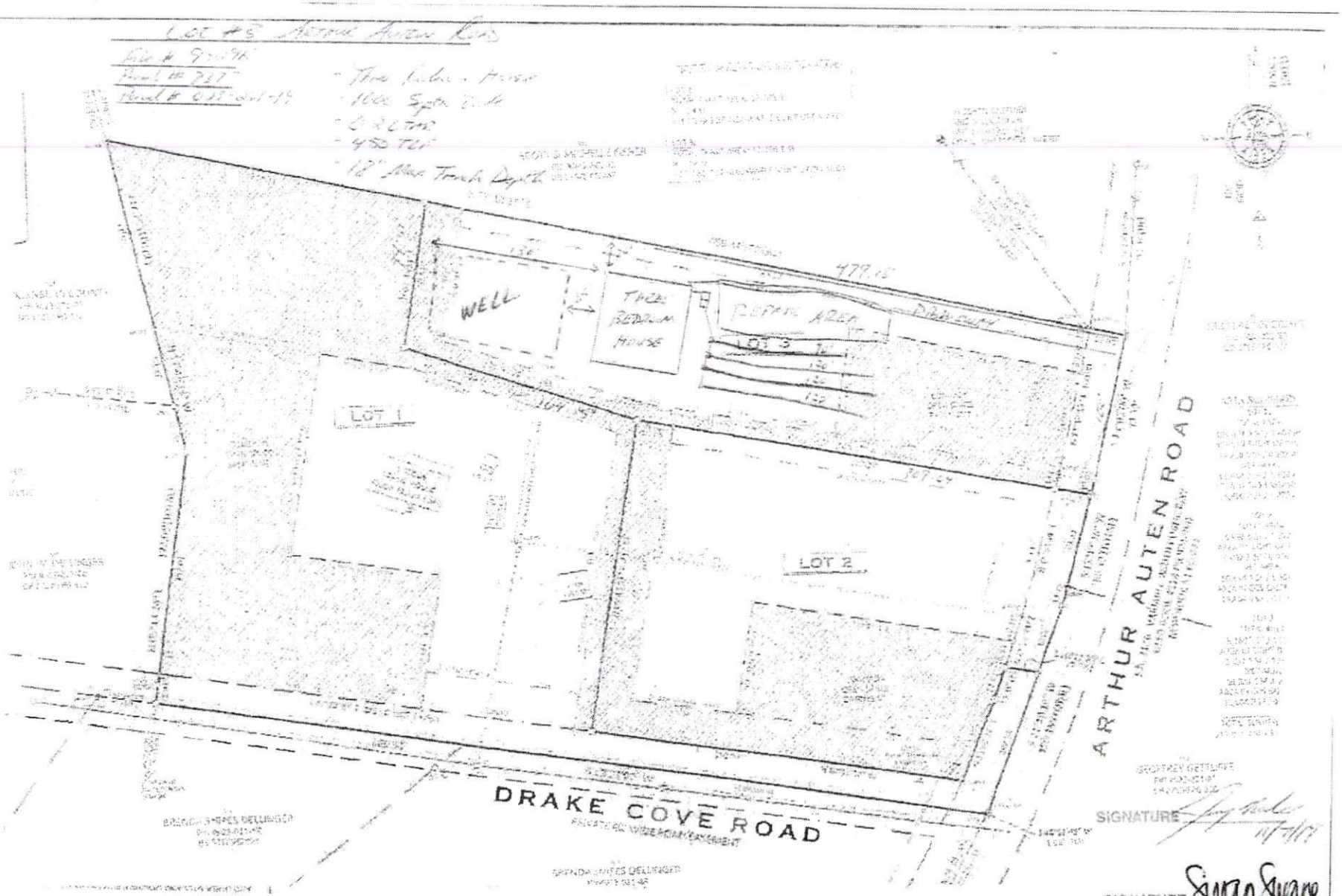
Authorized Agent: Jeremy Michelone

Signature:

Date Issued: 11/7/2019

Owner/Legal Agent: Susan Sikora
Print Name

Signature: Susan Sikora


Lot #2 Arthur Auten Rd
- Three Bedroom House
- Well Septic Tank
- 2 Beds
- 450 Tank
- 18" Max Trench Depth
WELL
THREE BEDROOM HOUSE
DISPOSAL AREA
LOT 3
LOT 1
LOT 2
479.15
ARTHUR AUTEN ROAD
DRAKE COVE ROAD
SIGNATURE
11/7/19
SIGNATURE
11/7/19

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Maximum Trench Depth (in):	18	Depth of Media (in):	12	Distribution Device:	Drop Boxes		

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Repair System Specifications:

Design Flow (gpd):	360	LTAR (gpd/ft^2):	0.2	Septic Tank Size (gal):	1000	Pump Tank Size (gal):	1000
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- This IMPROVEMENT PERMIT is transferable.

Authorized Agent: Jeremy Michelone Owner/Legal Agent: _____
Print Name

Signature: _____ Signature: _____

Date Issued: 11/7/2019

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